Name in Full: Henry D. Alexander

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East; County: Cecil Co

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	July	24	Age 44	4	8

Sex: Male

Color or Race: White

Birthplace: Cecil Co

Occupation: Carpenter

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: William H. Alexander

Father's Name: Jaques Alexander

Father's Birthplace: Cecil Co

Mother's Maiden Name: Charlotte Vernon

Mother's Birthplace: Maryland

Name of person giving Information: John A. Alexander

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease 79

How long: One Year

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. A. Worrall

Address: North East Md.

Accident or Suicide?

LIBRARY BUREAU A66618

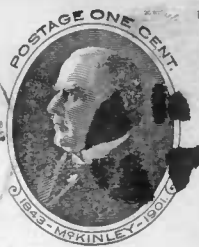
Condition of
Henry D. Alexander's
death certificate of
North East, Md
[illegible] Sept 8-04

North East Md
Sept 1904

Dear Sir

Williams A. Alexander Died
at North East Md July 25, 04
Heart-Disease
Aged 64 Yrs 4 Mont 8 days

Yours
Francis Biddle



THE SPACE ABOVE IS RESERVED FOR POSTMARK.

POSTAL CARD.

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

Dr John H. Cooper
Elkton
Md

Name in Full: Ann E Baird

CERTIFICATE OF DEATH

MARYLAND

Died at: Woodlawn — Town: — County: Cecil

Date of death: Month July, Day 4, 1904 — Age: Years 74, Months —, Days —

Sex: Female — Color or Race: White — Birthplace: unknown

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: David Baird.

Father's Name: David Jenners — Father's Birthplace: —

Mother's Maiden Name: Rebecca Davidson — Mother's Birthplace: —

Name of person giving Information: Mary Baird — How related to deceased: Daughter

1904

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: ✓

Immediate: unknown - Probably old age — How long: ✓

Are the name, age, sex, color, date and place correctly given above? as far as known

Signature of Physician: J. F. Brown M.D.

Address: Port Deposit. Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: T Carroll Biddle

CERTIFICATE OF DEATH

MARYLAND

Died at Elkton (Town) Cecil (County)

Date of death: Month July, Day 8, 1904

Age: Years 17, Months, Days

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Thomas C Biddle

Father's Birthplace: Md

Mother's Maiden Name: Margaret Kirk

Mother's Birthplace: Del

Name of person giving Information: Wm Green

How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 27

How long

Immediate: Tuberculosis of Lungs

How long: 8 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret E. Cummings.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rising Sun, County: Cecil,

Date of death: Month: 7, Day: 13, 1904

Age: Years: 67, Months, Days

Sex: Female

Color or Race: White-

Birthplace: Lanc. Co., Pa.

Occupation: Wife-

Where Residing if not at place of death: Rising Sun, Md

Married, Single or Widowed: Married

Name of Wife or Husband: Henry C. Cummings-

Father's Name: Wm Thompson.

Father's Birthplace: Lanc. Co., Pa

Mother's Maiden Name: Catharine Blake.

Mother's Birthplace: " " "

Name of person giving In formation: Cecil C Cummings

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer

How long: 1 yr 6 mos

Immediate: Inanition & exhaustion

How long: Several months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John L. Jennes.

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Harriett H. Dawson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Blake — County: Cecil

Date of death 1904: Month: 7 — Day: 6 — Age: Years: 81 — Months: — — Days: 21

Sex: Female — Color or Race: White — Birthplace: Near Calvert, Md.

Occupation: — Where Residing if not at place of death: Near Blake

Married, Single or Widowed: Widow — Name ~~of Wife or~~ Husband: Jacob Dawson

Father's Name: Wm Hagan — Father's Birthplace: — —

Mother's Maiden Name: Jane Irwin 40 — Mother's Birthplace: —

Name of person giving In formation: Frank Chery — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intiac Pregnatatus — How long: 3 Yrs

Immediate: Angina Pectoris — How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Stafford

Address: Elkton Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Medford Alexander Dempsey.

CERTIFICATE of DEATH

MARYLAND

Died at: Town: Pilot (8th Dist) County: Cecil

Date of death: Month: July Day: 29th 1904 Age: Years: 5 Months: Days:

Sex: male Color or Race: White Birth-place: Conowingo, Md

Occupation: child Where Residing if not at place of death: Pilot

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James Dempsey Father's Birthplace: Cecil Co

Mother's Maiden Name: Annie V. Trimble Mother's Birthplace: Cecil Co

Name of person giving Information: Mrs Blanche Trimble How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Drowning How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Rickets Nelson

Address: Coroner, Cecil Co, Md Elkton, Md

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Mrs. Margarette Ewing

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora. Md. County: Cecil

Date of death: 1904 Month: July Day: 26 Age: Years: 37 Months: 6 Days: 13

Sex: Female Color or Race: White Birthplace:

Occupation: Housewife Where Residing if not at place of death: Home. Near Colora

Married, Single or Widowed: Married Name of Wife or Husband: Mr. Eli E. Ewing

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Mrs Cecil Smelzer How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage How long: 1 Day

Immediate: Exhaustion How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catharine J. Gifford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bay View Md. County: Cecil

Date of death: Month: July Day: 6th Year: 1904 Age: Years: 78 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Bay View Md

Occupation: House Wife Where Residing if not at place of death: Home

Married, ~~Single or Widowed~~ Name of Wife or Husband: J Wesley Gifford

Father's Name: Jesse Janney Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Maria Taylor Mother's Birthplace: England

Name of person giving Information: Viola Gifford Rose How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: 6 months

Immediate: Hemorrhage How long: 4 days

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Gifford

Address: Bay View Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Child not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Ellicott City | County: Howard

Date of death 190 4	Month: 7	Day: 24	Age: Years —	Months —	Days: 4

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Joseph Hyman | Father's Birthplace: Maryland

Mother's Maiden Name: Mabel M. Forsyth | Mother's Birthplace: Maryland

Name of person giving information: Joseph Hyman | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth | How long: [illegible]

Immediate: — | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. M. Black

Address: Ellicott City Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Mary Ann Kunnard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandville — County: Cecil

Date of death 1904: Month: 7 — Day: 26 — Years: 81 — Months: 6 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Cecil Co Md

Married, Single or Widowed — Occupation: none

Name of Wife or Husband: Joseph Kunnard

Father's Name: Charles Riley — Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Nancy Brown — Mother's Birthplace: Penna

Name of person giving information: John C. Kunnard — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart. — How long: 10 weeks

Immediate: Heart failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Roman

Address: Conowingo. Md.

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Elizabeth Kerr

Died at: Town: Colora County: Cecil

Date of death: Month: July Day: 22 Years: 94 Months: Days:

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Housekeeper Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Mr & Mrs S T Hindman How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Paralysis (Chronic) How long: one year

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83316

Name in Full: Stephen John Strauss.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Harrisville Md (County) Cecil

Date of death 1904 (Month) July (Day) 29 Age (Years) 69 (Months) no (Days) no

Sex Male Color or Race White Birthplace Cecil Co. Md

Occupation Laborer. Where Residing if not at place of death Harrisville, Md

Married, Single or Widowed Married Name of Wife or Husband Mary Strauss.

Father's Name Joseph Strauss Father's Birthplace Montg. Co. Md

Mother's Maiden Name Sarah Hutchison Mother's Birthplace " " "

Name of person giving information Harry L Strauss 40 How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cancer of Pancreas & Stomach How long 6 months

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr Geo. L. Davis

Address Rising Sun Maryland

Accident or Suicide? No

LIBRARY BUREAU A86318

Name in Full: Noble Biddle Loans

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: July — Day: 13 — Years: 8 — Months — Days

Sex: Male — Color or Race: Col — Birthplace: Elkton md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: S — Name of Wife or Husband

Father's Name: Harry Loans — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mary M. Loans — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowned in Elk river — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D. Cawley

Address: Elkton md.

Accident or Suicide? accident

LIBRARY BUREAU A66816

Name in Full: James Polk McCoy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Cecilton; County: Cecil

Date of death 1904: Month: 7; Day: 15; Age: Years: 60; Months: —; Days: 3

Sex: Male; Color or Race: white; Birthplace: Delaware

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Robert McCoy; Father's Birthplace: Delaware

Mother's Maiden Name: Mary Rowman; Mother's Birthplace: Delaware

Name of person giving Information: Mrs Jos Smith; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93.; How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Black

Address: Cecilton Md

Accident or Suicide? ——

LIBRARY BUREAU A88516

Name in Full: Clarence W^m McDougal

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perryville — County: Cecil

Date of death 1904 — Month: July — Day: 10 — Age — Years: — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Perryville

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Josh McDougal — Father's Birthplace: Cecil Co

Mother's Maiden Name: Emma Reader — Mother's Birthplace: Cecil Co

Name of person giving In formation: Josh McDougal — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis 05 — How long: Two days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. W. Thomas

Address: Perryville Md.

Accident or Suicide?

LIBRARY BUREAU A69016

Name in Full: Paul Rickle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Principio Furnace — County: Cecil

Date of death 1904 — Month: July — Day: 12 — Age — Years: * — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Principio Furnace

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Rickle — Father's Birthplace: Cecil Co

Mother's Maiden Name: Lacie Batteras — Mother's Birthplace: " "

Name of person giving In formation: Lacie Rickle — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Irritation — How long: 12 hours

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. M. Hurst

Address: Perryville

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full

Certificate of Death

David M. Rittenhouse

Died at Town Bush Creek County MARYLAND

Date of 1904 Month July Day 23 Y. 72 M. D. Native of Md Occupation Blacksmith

Male White Married ~~Widow~~ Divorced

~~Female~~ Colored Single Widower Number of children living 3

Husband of Rebecca Castle

Wife

Father's Name

Mother's Name

Cause of Death: Primary Organic Heart Disease — How long sick 1 yr

Immediate

Accident, Suicide, Homicide

Reported by D. Rittenhouse

Address Bush Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6598B

Name in Full: Julia A Russell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Principio Furnace; County: Cecil

Date of death 1904: Month: July; Day: 26; Age: Years: 78; Months: 7; Days: —

Sex: Female; Color or Race: White; Birthplace:

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband:

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information: John Wright; How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Cerebral softening; How long: Year

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. M. Stuart

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Florence Marie Lavin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City; County: Cecil

Date of death: 1904; Month: 7; Day: 8; Years: Age 2; Months: 7m; Days:

Sex: Female; Color or Race: White; Birthplace: Ches. City

Occupation: none; Where Residing if not at place of death: Chesapeake City

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Wm. T. Lavin; Father's Birthplace: Chesa City

Mother's Maiden Name: Linda Truss; Mother's Birthplace: Md Pivot

Name of person giving Information: Father; How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: Two days

Immediate: Pneumonia; How long: 5 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Comey MD

Address: Chesapeake City Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Emanuel Schaeffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Elkton — Town — County: Cecil

Date of death: 1904 — Month: July — Day: 12

Age — Years — Months — Days

Sex: White — Color or Race — Birth-place

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm. Schaeffer Sr. — Father's Birthplace

Mother's Maiden Name: Bortfeld — Mother's Birthplace

Name of person giving Information: — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Shot Gun — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: H. Arthur Mitchell MD

Address: Elkton Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: George Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn; County: Cecil

Date of death: Month: July; Day: 1; Years: 78; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Cecil Co

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information: Jane Jackson; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble; How long: attended 2 years

Immediate: Granitis; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. E. Brown

Address: Port Deposit Md,

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Hilda Sykes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Cecil

Date of death: Month: July; Day: 17; Years: 1904; Months: 9; Days:

Sex: Female; Color or Race: White; Birthplace: Elkton

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Sykes; Father's Birthplace: Penn.

Mother's Maiden Name: Katie Davis; Mother's Birthplace: Maryland

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Name of person giving information: James Sykes; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteric Infection; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Barclay

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A6S816

Name in Full: Archibald Teel

CERTIFICATE OF DEATH

MARYLAND

Died or ~~Born~~ — Town: Centerton — County: Cecil

Date of death 1904 — Month: 7 — Day: 10 — Age: Years 82 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Baltimore

~~Married, Single~~ or Widowed — Occupation: Contractor + Builder

Name of Wife or ~~Husband~~: Susanna

Father's Name: Archibald Teel — Father's Birthplace: Baltimore

Mother's Maiden Name: — — — Mother's Birthplace: — —

Name of person giving Information: John P. Shelton — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: Past Five Years

Immediate: Incrustation — How long: Some months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Evan. Crawford MD

Address: Centerton Md

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: John P. Walmsley

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Fredricktown (County) Cecil

Date of death 1904: Month 7, Day 29

Age: Years 68, Months —, Days —

Sex: male

Color or Race: White

Birthplace: Cecil co

Married, Single or Widowed: Married

Occupation: Mariner

Name of Wife or Husband: Elizabeth

Father's Name: George Walmsley

Father's Birthplace: Cecil co

Mother's Maiden Name: Maria Bull

Mother's Birthplace: Penn

Name of person giving information: ~~Wife~~ Elizabeth Walmsley

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma 45

How long: 4 Years

Immediate: — —

How long: 8 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Crawford

Address: Meadow Mill

Accident or Suicide?

LIBRARY BUREAU A66510

Name in Full: Mary Jane Murdock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Charlestown; County: Cecil

Date of death: Month: July; Day: 27th; 1904; Age: Years: 78; Months; Days

Sex: Female; Color or Race: White; Birthplace: Charlestown

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: James Murdock

Father's Name: Thomas Colvert; Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Mary Richardson; Mother's Birthplace: Charlestown

Name of person giving In formation: John A Lockwood; How related to deceased: not any

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gangrene; How long: 3 Months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Bullock M.D.

Address: North E

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William J. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick Md. County: Cecil

Date of death: Month: July Day: 27 1904

Age: Years: 0 Months: 5 Days:

Sex: Male

Color or Race: White American

Birthplace: New North East Md

Occupation:

Where Residing if not at place of death: Warwick Md

~~Married~~, Single or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry. Wilson

Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Susan G. Wilson

Mother's Birthplace: Warwick Md

Name of person giving information: Josephine Wilson

How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition

How long: One Month

Immediate: Meningitis

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J J Wright

Address: Warwick Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry Herbert Wolters

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Irvington sta — County: Cecil

Date of death: Month: July — Day: 20 — Year: 1907 — Age: Years: 7 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm J Wolters — Father's Birthplace: Del

Mother's Maiden Name: Catharine Ash — Mother's Birthplace: Md

Name of person giving Information: Catharine Wolters — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: two weeks

Immediate: Convulsions — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C E Henry

Address: Warwick Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Emeline Haines Worthington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rising Sun — County: Cecil

Date of death 1904 — Month: July — Day: 21 — Age: 62 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Penna.

Occupation: wife — Where Residing if not at place of death: Rising Sun

Married, Single or Widowed: Married — Name of Wife or Husband: Edw. H. Worthington

Father's Name: Henry L. Miller — Father's Birthplace: Penna

Mother's Maiden Name: Lydia James — Mother's Birthplace: Penna.

Name of person giving Information: H. Edmund Worthington — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever, followed by Pneumonia — How long: 14 weeks

Immediate: Abscess of Lung, Exhaustion — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. S. Dare M.D.

Address: Rising Sun. Md.

Accident or Suicide?

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Name in Full: Alfred Young.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Cecilton — County: Cecil

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Age	Years	Months	Days
	7	23		—	10	—

Sex: Male — Color or Race: Colored — Birthplace: Near Cecilton

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: George Young — Father's Birthplace: Cecil Co, Md

Mother's Maiden Name: Mary Thompson — Mother's Birthplace: Cecil Co. Md

Name of person giving Information: George Young — How related to deceased: Father -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Tuberculosis — How long: 3 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. M. Black

Address: Cecilton Md

Accident or Suicide? —

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